


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 447306 1. Entity Name THE FLOWER CORPORATION	
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Principal Place of Business C/O RENATO DESIDERIO 87 VIA MIZNER PALM BEACH, FL 33480	Mailing Address 515 N FLAGLER DR STE 1800 W PALM BEACH, FL 33401-4343 US
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01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0195294	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**O'CONNELL, BRIAN M
515 N FLAGLER DR
STE 1800
W PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

11000000210966
02/02/05-80101-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SETTANNI, ADRIANA D %LA PARISIENNE, 80073 CAPRI, ITALY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'CONNELL, PHILLIP JR. 515 N FLAGLER DR W. PALM BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'CONNELL, BRIAN M. 515 N FLAGLER DR W. PALM BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SETTAMI, LUCIANA ILA PARISIENNE CAPRI ITALY, 80073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SETTAMI, FRANCESCA ILA PARISIENNE CAPRI ITALY, 80073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/2005 561-832-5900